

**EFFECTIVENESS OF VIDEO ASSISTED TEACHING PROGRAMME
REGARDING MINDFULNESS MEDITATION ON ANXIETY IN
PRIMARY CARE GIVERS OF TERMINALLY ILL CANCER
PATIENTS AT SELECTED CANCER CENTRE,
SALEM.**

By

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**A DISSERTATION SUBMITTED TO
THE TAMILNADU DR. M.G.R. MEDICAL UNIVERSITY, CHENNAI,
IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE
DEGREE OF MASTER OF SCIENCE IN NURSING
PSYCHIATRIC (MENTAL HEALTH) NURSING**

APRIL – 2011

CERTIFICATE

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ACKNOWLEDGEMENT

I bow in reverence to **The Lord Almighty**, the foundation of the knowledge and wisdom whose salutary benign enabled me to achieve this target.

Gratitude can never be expressed in words, but this is only a deep perception, which makes the words to flow from ones inner “**Heart**”. I wish to express my sincere appreciation and deep sense of gratitude to all those who helped me in accomplishing this “task” successfully.

I am grateful to **Dr. K. Arthanari M.S.**, Managing Trustee, Sri Gokulam College of Nursing, Salem who helped us in making the project a great success.

It is my long desire to express my profound gratitude and exclusive thanks to **Prof .A. Jayasudha M.Sc., (N). Ph.D.**, Principal, Sri Gokulam College of Nursing, Salem. It is a matter of fact that without her esteemed suggestions, highly scholarly touch and piercing insight from the inception till completion of the study, and valuable guidance, thought provoking stimulation, creative suggestion, timely help, constant encouragement, this work could not have been presented in the manner it has been made and would have never taken up shape, being guided by her has been a great honor privilege.

I express my sincere gratitude **Dr. K. Tamilzharasi, Ph.D.**, Vice Principal, Sri Gokulam College of Nursing, Salem for her valuable suggestions and immense direction for completion of dissertation.

Quality is never an accident; it is always the result of intelligent effort. The study has been undertaken and completed under the inspiring guidance of with deep sense of gratitude; I express my sincere thanks to **Prof .P. Lalitha, M.Sc (N)**, Head of

the Department (Mental Health Nursing), Sri Gokulam College of Nursing, Salem, the words of appreciation and encouraging support that she has bestowed me, kindled my spirit and enthusiasm to go ahead and to accomplish this study successfully.

I express my sincere and heartfelt gratitude to **Dr. C. Baskar. MD., (Psych)**, Consultant Psychiatrist, of Sri Gokulam Hospital, Salem, for validating the tool, guidance and proficient help throughout this endeavor.

I extend my thanks to the **Mrs.S.Kavitha M.Sc(N)**., Assistant Professor **Mrs. Devikanna. M.Sc(N)**., Lecturer and **Ms.Shobaselvi M.Sc(N)**., Lecturer Department of Mental Health Nursing for their valuable suggestions throughout the study.

I extend my gratitude to the Research Co-ordinator **Mrs. Kamini, M.Sc(N)**., Associate Professor, Head of the Department, Community Health Nursing, for the guidance throughout the study.

I extend my thanks to the **Dissertation Committee Members** for their healthy criticism, supportive suggestions which moulded the research.

I take this opportunity to thank all the **Experts** of Psychiatry department who have done the content validity and valuable suggestion in the modifications of the tool.

I would like to express my heart full thanks to **Dr.Saravanan, M.S.**, Sharon Cancer Hospital and **Mr.Daniel K. Murugan, M.A., DPH**, Administrative Incharge of Sharon Cancer Centre, Vinayakampatti, Salem, for providing the opportunity to conduct the study in their hospital.

I am pleased to convey my thanks to the Librarians **Mr.R.Basker, Mr. Rajengaran** and **Mrs. Madurambal** for his helping hands in providing all the needed literature to complete this research study.

I express my sincere thanks to **Dr. Sivakumar, MSc., M.Phil., Ph.D.,** and **Dr. Dharmalingam, M.Phil., Ph.D.,** Biostatistician, for their assistance in statistical analysis of this study.

I wish to express my sincere gratitude to **Mr. Jeeva Bharathi, M.A., M.Phil.,** for his valuable editorial support.

I take this opportunity to extend my earnest profound sense of gratitude to **All Faculty Members**, Sri Gokulam College of Nursing, Salem, for their motivation during the period of this study.

I wish to convey my special thanks to my parents **Mr. Chinnasamy, Mrs., Mangammal**, My brother **Mr. Ramachandiran**, and **My Friends** for their valuable support and encouragement throughout my carrier.

I am pleased to convey my Sincere thanks to **Mr.L.Periyasamy, Mr.R.Manikandan,B.B.A.,** and **Mr.R.Karthik**, Golden Printers. **S.Jayagopal**, Sri Saravana Copiers, and **Mr. Murugesan**, Sri Krishna Computer Center, Salem, for printing this thesis.

I would like to express my deepest thanks to all the people who had participated in the study; without them it would have been impossible to complete this study.

Finally, yet importantly thanks are due to many who helped me directly and indirectly towards the presentation of this thesis.

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ABSTRACT

“A study to Evaluate the Effectiveness of Video Assisted Teaching Programme regarding Mindfulness Meditation on Anxiety in Primary Care Givers of Terminally Ill Cancer Patients at Selected Cancer Centre, Salem”.

Evaluative approach with Pre experimental (one group pre test and post test) design was used. The study was conducted at Sharon Cancer Centre, Salem. The sample size was 30 and was selected by non probability convenience sampling technique. Charles Spiels Berger's Anxiety Scale was used to assess the level of anxiety. Video assisted teaching programme on mindfulness meditation was demonstrated. Analyzed by using descriptive and inferential statistics.

The study findings revealed in pretest among 30 sample 28 (93.44%) of them had severe anxiety and 2(6.66%) had profound anxiety. In post test 30(100%) of them had moderate anxiety. The mean was 69.57 (± 5.14) and 37.97 (± 4.48) in pre test and post test respectively. It was statistically highly significant. The obtained Paired “t” value ($t=26.22$) shows that mindfulness meditation was effective to reducing the level of anxiety in primary care givers of terminally ill cancer patients.

There is no significant association in the level of anxiety in primary care givers of terminally ill cancer patients with their demographic variables like age, sex, education, religion, occupation, economic status, marital status and type of relationship with the patients.

CHAPTER-I

INTRODUCTION

*"We have a lot of anxieties, and
one cancels out another very often."*

- Winston Churchill

"Actually, living a holistic life doesn't only mean eating a natural diet. It also means changing and correcting your lifestyle by learning how to meditate, learning how to reduce stress in everyday life ..."

- (Cheowit 1998)

Background of the Study

Cancer rates might increase by 50% and 15 million new cases will be reported in the year 2020. This is mainly due to the steady aging population in both developed and developing countries and also due to the current trends in smoking prevalence and growing adoption of unhealthy life style.

In India increase in the number of cancer registered is nearly 12% from 1985 to 2001. This represents a 57% raise in Indian Cancer burden. The total number of new cases which stood 5.2 lakh has risen to over 8.3 lakh, today in 2003, 3.8 lakh of cases came under this category compared with 1.94 lakh cases two decades ago.

Anxiety is involved in many systems responding to a perceived threat or danger. It reflects a combination of biochemical changes in the body, the patient's personal history and memory, and the social anxiety involves an ability to use memory and imagination to move backward and forward in time that animals do not appear to have all situations. A minimal amount of anxiety is normal in the developing child, especially among adolescents and teenagers. Anxiety is often a

realistic response to new roles and responsibilities, as well as too sexual and identity development.

Anxiety is a diffuse presentation there is vague in nature and associated with feelings of uncertainty, helplessness, feelings of isolation, alienation, and insecurity are also present. Experiences provoking anxiety begin in Infancy and continue throughout life. They end with the fear of the greatest unknown, death.

Anxiety is an emotion without a specific object. It is provoked by the unknown factor and proceeding all new experiences such as entering school, joining a new job, or giving birth to a child.

Physical effects of anxiety may include heart palpitations, muscle weakness and tension, fatigue, nausea, chest pain, shortness of breath, stomach pain, or headaches. Human body react with a perceived damages by increasing Blood pressure, Heart rate, Blood flow to major muscle groups and Sweating, and the immune and digestive system functions are inhibited (the fight or flight response). External signs of anxiety may include pale skin, sweating, trembling, and pupillary dilation.

Anxiety disorder treatment options have come a long way. Many of the drugs used in the traditional treatments for anxiety disorders have unpleasant side effects and therefore a lot of people don't like taking them. Alternative therapies are a great boon for them. Natural remedies, Breathing techniques, Behavioral therapy and even Hypnosis have all emerged as effective ways to manage many forms of anxiety.

Disease of the present era, such as Cancer, AIDS and various psychological conditions caused by the stress and strain of daily life activities which have complicated symptoms are more difficult to treat. Consequently, modern medicine has

started to look for different methods of treatment to cure such anxiety conditions and to help people get their lives back on an even keel again.

Although there is no solid scientific evidence suggesting that any of the relaxation therapies can in fact cure anxiety disorders. It is evident that these treatments have beneficial effects in minimizing anxiety and its associated symptoms. There are millions of people, every year are spending billions of dollars to take control over their present conditions. Some of the relaxation therapies which are commonly used to reduce the symptoms of anxiety disorders are acupressure, aromatherapy, ayurveda, yoga, breathing exercise and meditation. One of the relaxation therapies to which more and more [panic attack](#) victims turn now days is meditation. It uses meditations in an effort to change the behavioral patterns which are the causes of panic attacks.

Meditation is mostly used as a part of relaxation therapies and it consists of various exercises which tend to relive discomfort and can also have a very positive effect on reducing the symptoms of anxiety disorders. It can play a very important role in the process of overcoming the anxiety and anxiety disorders.

Need for the Study

“Anxiety is a thin stream of fear trickling through the mind. If encouraged, it cuts a channel into which all other thoughts are drained.”

- [Arthur Somers Roche](#)

Anxiety Disorder is among the most prevalent diagnosis and most common type of mental disorders found in adolescence. Prevalence rates for Anxiety in a community sample of adolescents way considerably.

Anxiety disorders are said to be preceding the onset of depression by nearly 2 years. This temporal relationship suggests that anxiety disorder predispose adolescents to development of depression. **(Wittchen et al 2003).**

Generally 13 percent, or over 6 million children, suffer from anxiety, making it the most common emotional problem in children. On the whole girls are more affected than boys. About half of the children and adolescents with anxiety disorders are found to have secondary anxiety disorders, mental or behavioral disorder, such as depression.

Nearly 3 million adolescents are struggling with depression and anxiety. They need help because of prejudice about mental illness and inadequate mental health resources. Depression and anxiety are recognized as significant mental health problem during childhood. The prevalence of symptoms of anxiety and depression has been shown to increase during development. Anxiety and depression are associated with impaired social and school functioning and are predictive of similar problem in adulthood.

Anxiety disorders are the most common psychiatric disorder affecting between 10% to 25% of the population; Anxiety involves one's body, perceptions of self, and relationship with others, making it a fundamental concept in the study of psychiatric nursing and human behavior.

3% to 8% of people in India have Generalized Anxiety Disorder. Women are diagnosed to have twice the problem compared to men. The average adult patient first seeks medical attention. However the onset of illness may occur at any age. **(Indian Diagnostic and Statistics Manual of Mental Disorders (2005)**

The mind plays a major role in maintaining optimum health; any disturbances in the mental equilibrium may lead to expression of symptoms. Meditation helps to

improve both physical and mental health at the same time. Now a days, treating a disease like cancer depend on science and technology, and the use of such procedures as chemotherapy, radiation and surgery.

Focusing the mind on the continuous rhythm of inhalation and exhalation provides a natural object of meditation. As you focus your awareness on the breath, your mind becomes absorbed in the rhythm of inhalation and exhalation. As a result, your breathing will become slower and deeper, and the mind becomes more tranquil and aware.

Meditation can cope with anxiety by regulating the emotional distress associated with it. Meditation decrease tension and anxiety. It can be used alone or in combination with other relational techniques or in addition to supportive therapy. The basic premise is that muscle tension is related to anxiety. If tense muscles can be made to relax, anxiety will be reduced.

Meditation focuses the attention on the breath, an image, or a sound (Mantra), in order to still the mind and allow a maximum awareness and clarity to emerge. The simple form of meditation is to sit quietly and focus the attention on the breath.

“Mindfulness is a universal human capacity, a way of paying attention to the present moment unfolding of experience that can be cultivated, sustained and integrated into everyday life through in depth inquiry, fuelled by the ongoing discipline of meditation practice. Its central aim is the relief of suffering and the uncovering of our essential nature. Mindfulness-Based Stress Reduction, developed at the University of Massachusetts Medical School, is an expression of mindfulness tailored to health and well being in our contemporary society.”

(Santorelli, 2003)

Mindfulness meditation involves help individuals to become aware of the continuously passing parade of sensations, feelings, images, thoughts, sounds, smells, and suppress recurrent thinking. The meditators sits quietly and simply witnesses whatever goes through the mind, not reacting or becoming involved with thoughts, memories, worries, or images. This helps to acquire a more calm, clear, and non-reactive state of mind.

Essential to the success of research to understand and assess the role of meditation for health purposes are focused, effective multidisciplinary and trans disciplinary collaborative teams that incorporate expertise in basic science including cognitive and behavioral science neuroscience, translational science, contemplative practices, clinical trials development, medicine, psychology, and bio-statistical and trial design strategies and tools.

Now a days, many people use meditation outside of its traditional settings. In meditation, the individual learns to focus attention. Various techniques of meditation guide the practitioners to become mindful of thoughts, feelings, and sensations and to observe them in a nonjudgmental way.

The increased prevalence of anxiety disorders highlights that needs immediate psychological intervention. The people are also not aware of various psychological interventions available. Meditation shows better prognosis for anxiety disorders. So the researcher was interested to address the problem anxiety experienced by the primary care givers of terminally ill cancer patients and provide mindfulness meditation to reduce anxiety.

Statement of the Problem

“A Study to Evaluate the Effectiveness of Video Assisted Teaching Programme Regarding Mindfulness Meditation on Anxiety in Primary Care givers of Terminally Ill Cancer Patients at Selected Cancer Centre, Salem”.

Objectives

1. To assess the level of anxiety in primary care givers of terminally ill cancer patients.
2. To evaluate the effectiveness of video assisted teaching programme regarding mindfulness meditation on the level of anxiety in primary care givers of terminally ill cancer patients.
3. To associate the level of anxiety in primary care givers of terminally ill cancer patients with their demographic variables.

Hypotheses

- H₁:** There will be significant difference in the level of anxiety in primary care givers before and after implementation of mindfulness meditation at $p \leq 0.05$ level.
- H₂:** There will be significant association in the level of anxiety in primary care givers of terminally ill cancer patient with their demographic variables at $p \leq 0.05$ level.

Operational Definitions

1. Effectiveness

Effectiveness is the quality of being able to bring an effect. It is the outcome measured in terms of knowledge gained in the primary care givers regarding the level of reducing anxiety of the terminally ill cancer patients after video assisted teaching programme.

2. Video assisted teaching programme

It refers to the systematically organized and developed programme on mindfulness meditation which can be used for teaching through television.

3. Client with cancer disorders

It includes all the clients of both male and female who are diagnosed to have cancer disorder at Sharon Cancer Hospital in Vinayakampatti, Salem.

4. Anxiety

It is characterized by primary care givers feelings of tension, nervousness, and worries about terminally ill cancer patients.

5. Mindfulness meditation

It is awareness without judgment of what, via direct and immediate experience. It is a practice of concentrated focus upon a sound, object, visualization, the breath, movement, or attention itself in order to increase awareness of the present movement, reduce stress, promote relaxation, and enhance personal and spiritual growth.

Assumptions

- Level of anxiety varies from individual to individual.
- Video assisted teaching programme regarding mindfulness meditation in the primary care givers will help them to cope with their problem.
- Information and training provided by the primary care givers of the terminally ill cancer patients will represent the true reduction of anxiety level.

Delimitations

- The study was limited to the primary care givers of those who are willing to participate in this study.
- Primary care givers of terminally ill cancer patients age below 25 years.

- Data collection period was limited to 4 weeks.
- The sample size was limited to 30.

Projected out come

- The study will enable to identify the level of anxiety in primary care givers.
- The study will provide an opportunity to nurses to teach mindfulness meditation to primary care givers.
- At the end of the study the primary care givers will be able to understand and develop the practice of Mindfulness meditation to reduce their anxiety level.
- The findings of the study will help to assess the effectiveness of mindfulness meditation on level of anxiety.

Conceptual Frame Work

The frame work in this present study was based upon the J.W.Kennys Open System Model. All living system is open and there is continuous exchange of matter, energy and information.

Open system having varying degree of interaction with environment from which the system receives input and gives back out put in the form of matter, energy, and information. For survival, all system must receive varying types of amount of matter, energy and information.

The main concepts of open system model are,

1. Input
2. Through put
3. Out put
4. Feed back

1. In put

It refers to matter, energy regarding information that enters into the system through in boundary.

In this study, input is assessing the demographic variables such as age, sex, education, occupation, marital status, income, and type of relationship with the patient. The primary care givers level of anxiety was assessed by using Charles Spiel Berger's Anxiety Scale

2. Through put

It refers to processing, of the systems performs the energy and information, and refers to matter, energy and information that are processed. It is the activity these where steps have been administered.

In this study, video assisted teaching programme on mindfulness meditation therapy was used and given as through put.

3. Out put

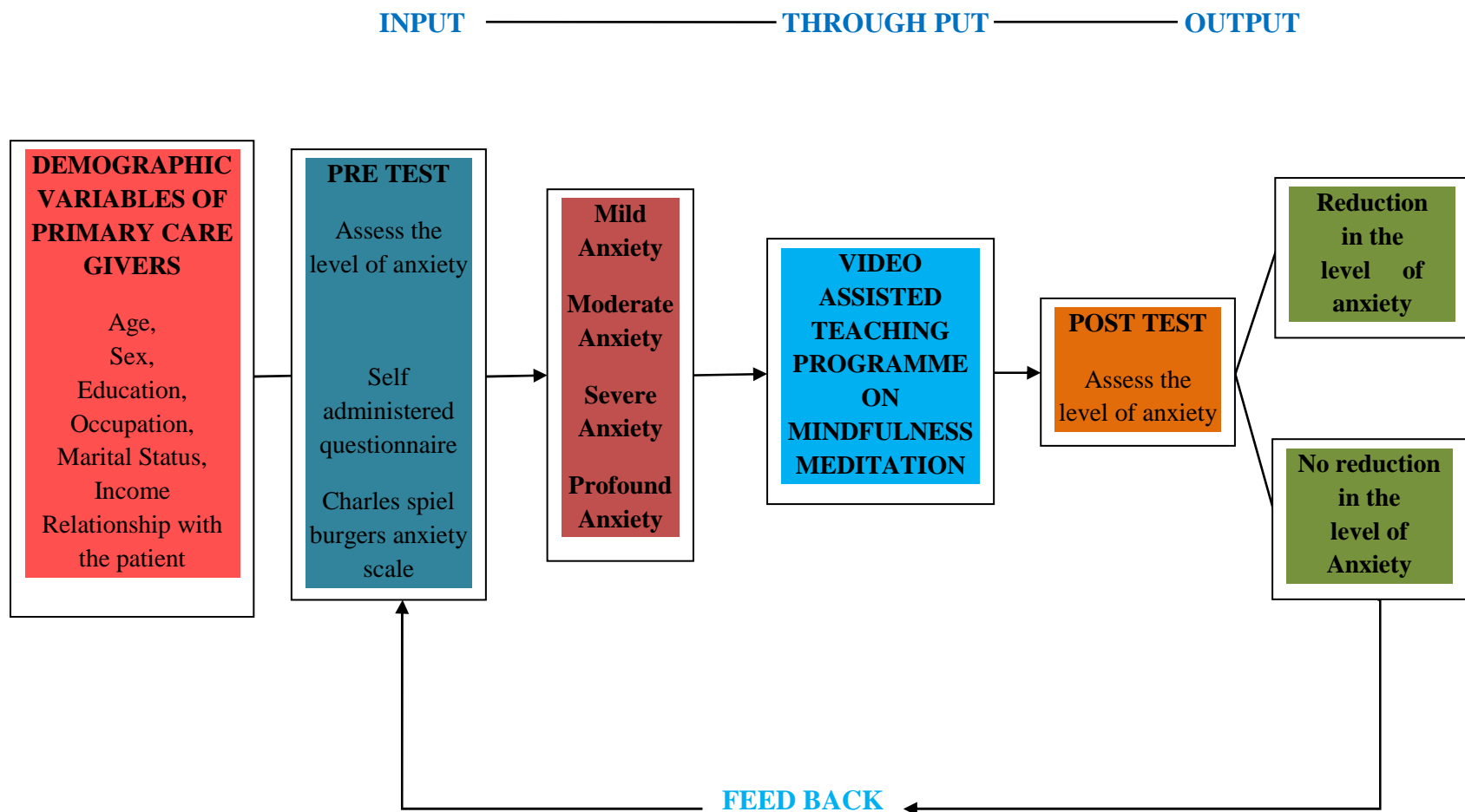
After preceding the input, the system returns to output to the environment is an altered state.

In this study , output indicate the effectiveness of mindfulness meditation and it is measured in terms of grading as mild, moderate, severe, and profound level of anxiety.

4. Feed back

It refers to the environment, responses to the systems; output used by the system is adjustment, correction, and accommodation to the interaction with the environment.

In the study, feedback was assessed based upon the output, primary care givers with negative feedback would be reassessed and they should be continued.



**FIG. 1.1 MODIFIED CONCEPTUAL FRAMEWORK BASED ON J.W.KENNYS OPEN
SYSTEM MODEL**

Summary

This chapter dealt with background of the study, need for the study, statement of the problem, objectives, operational definitions, assumptions, delimitations, hypotheses, projected outcome and conceptual framework based on J.W. Kennys Open System Model on level of Anxiety.

CHAPTER-II

REVIEW OF LITERATURE

Review of literature is an essential component of the research process. This chapter deals with related to research literature that will review to broaden to understanding and to gain insights, into the selected chapter under study. Relevant literature from various perspectives like psychology, psychiatry, and nursing were taught to explain the concepts of anxiety, and the coping strategy.

Review of literature is a written summary of the state of existing knowledge on a research problem. The task of reviewing research literature involves the identification, selection of a critical analysis and written description of existing information on a topic **(Polit D.F. and Hungler, 2003).**

Review of literature is an essential step in the research project. It provides basis for future investigations justifies the need for study, throws light on the feasibility of the study.

Review of literature for the present study is classified under the following headings.

- I. Literature related to Anxiety disorders and Primary Care Givers
- II. Literature related to Mindfulness meditation on anxiety

I. Literature related to Anxiety Disorders and Primary Care Givers

Sandra M. (2011) conducted a study to test the outcomes of an Art Infusion (AI) intervention with family caregivers of cancer patients while patients were undergoing treatment. The design used was pre-posttest quasi-experimental design. The convenient sample of 49 family caregivers participated in the study while their family member was undergoing treatment at a regional comprehensive cancer center. The caregivers completed three self-report instruments: the mini-profile of Mental States (POMS) to measure stress, the Beck Anxiety Inventory (BAI) to measure anxiety, and the Affects Balance Scale (ABS) to measure emotions. The findings shows that highly significant findings indicate that family caregivers achieved relief from stress ($p=.000$), had lower anxiety ($p=.000$), and increased positive emotions ($p=.000$) following participation in the AI. They concluded that the research participants demonstrated significant changes in stress, anxiety, and emotions.

[Kuscu MK.et al, \(2009\)](#) conducted a study to investigate the relations among the psychological well-being (i.e. depression and state/trait anxiety levels), attachment patterns (i.e. secure, ambivalent, avoidant), and the perceived social support from family/friends/significant others of caregivers of cancer patients in Turkey. 51 caregivers of adult cancer patients were recruited from the oncology outpatient clinic of the Marmara Medical School Hospital in Istanbul. Caregivers were assessed with the Adult Attachment Scale, the Beck Depression Inventory, State-trait Anxiety Inventories, and the Multidimensional Scale of Perceived Social Support. The support from significant others was the significant predictor of trait anxiety and the caregivers' ambivalent attachment score was the significant predictor of state anxiety.

Ratnakar. et al, (2008) conducted a study on evaluation of anxiety and depression among the family caregivers of advanced cancer patients. The results show that the family caregivers of advanced cancer patients undergo anxiety and depression associated with stress leading to increased oxidative stress.

Kurtz .et al, (2008) conducted a study to measure levels of anxiety and autonomy in non clinically referred Kibbutz orphaned and non orphaned adolescents. The sample of the study was 28 adolescent orphans and 42 non orphaned adolescents. The tool of the study was manifested anxiety scale for Israel children; the autonomy of the child test and on a population was conducted. No significant differences were found on levels of manifestations of anxiety and levels of autonomy. When the groups were broken down according to gender and age, it was found that older orphan girls manifest significantly greater anxiety than any group and significantly lower autonomy than old non orphan girls.

Irene J Higginson and Wei Gao. (2006) conducted a study to assess caregiver reports of patient concerns and the roles of caregiver's burden. . 64 samples were interviewed, and the level of burden assessed by Palliative Outcome Scale (POS) and Zarit Burden Interview Scale (ZBI). The results showed the care givers had significantly higher burden.

Fugate, Jessica.et al, (2005) conducted a study to find out the stress experienced by family caregivers of patients with cancer, after implementation of the CAI The research design was a pre-posttest Quasi-experimental, with CAI being the independent variable. They summarized that CAI can reduce stress, decrease anxiety and increase positive emotions.

E. Grov.S. et al (2005) conducted a study to examine the associations of theory-driven variables with the caregivers' burden by means of path analysis. The sample consisted of 96 caregivers of cancer patients in the palliative phase staying at home recruited from a hospital trust in Norway. The characteristics of burden from the Caregiver Reaction Assessment, namely self esteem, lack of family support, impact on finances, and impact on daily schedule, were used as the dependent variable. Testing of the models suggested that caregivers' depression was the main factor associated with caregiver burden.

Eva Grunfeld. (2004) conducted a study the vital role played by family caregivers in supporting dying cancer patients is well recognized, but the burden and economic impact on caregivers is poorly understood. The tools was used the Karnofsky Performance Status (KPS) index, the Medical Outcomes Study 36-item Short Form (SF-36), the Hospital Anxiety and Depression Scale, the Zarit Burden Inventory, FAMCARE and the Medical Outcomes Study Social Support Survey were administered during follow-up. The interpretation shows that caregivers' depression and perceived burden increase as patients' functional status declines. Strategies are needed to help reduce the psychosocial, occupational and economic burden associated with care giving.

Edwards, Augustan; Fillingin. (2003) conducted a study to assess the differential relationship between anxiety and chemotherapy – associated pain reduction among male and female chronic pain patients. The study concluded that clients with chronic pain had moderate anxiety. They also noted that stronger relationship between anxiety and pre treatment pain severity among the male relatives to female relatives.

Sherif T, (2001) conducted a study to compare the intensity of anxiety and depression for 30 terminally ill cancer patients and 30 chronically ill patients and the quality of life of their primary caregivers. Hamilton depression and anxiety scales were used for the patients and the quality of life scale (family) was used for the caregivers. The results show that cancer patients and their caregivers had significantly higher scores on these scales and suffered more from depression and anxiety than chronically ill patients and caregivers. They concluded that cancer patient caregivers also had poorer quality of life than did caregivers of the chronically ill.

Gregoris Iconomou. et al, (2001) conducted a study to assess the consequences of care giving on primary caregivers of Greek cancer patients receiving radiotherapy. 60 - ve caregivers participated in the study and data were collected through structured interviews. The results pointed heightened symptoms of anxiety and depression, severe impact of care giving on their lives, poor health and low quality of life.

II. Literature related to Mindfulness meditation on Anxiety

Meditation has gained considerable interest and attention in treating individual with mental health problem and anxiety related disorder. Studied related to the efficacy of mindfulness interaction are reviewed in this section.

Weber .B, et al, (2010) conducted a study to find out the feasibility of Mindfulness-based cognitive therapy (MBCT) in groups solely composed of bipolar disorder patients of various subtypes. Bipolar disorder outpatients (type I, II and NOS) were included and evaluated for depressive and hypo manic symptoms, as well as mindfulness skills before and after MBCT. The results show that 23 included patients, 15

attended at least four MBCT sessions. They concluded that the MBCT is feasible and well perceived among bipolar disorder patients.

Kvillemo P, Bränström R,(2010) conducted a study to examine the perceived effects and experiences of mindfulness stress-reduction training as instructed by patients with cancer participating in a mindfulness-based stress-reduction training program. The study is based on analysis of data collected in semi structured interviews of the participants (n = 18) after the completion of a mindfulness-meditation training program. The treatment consisted of an eight-week mindfulness-training course. The results show that most participants expressed a number of perceived positive effects of participating in the mindfulness stress reduction program including increased calm, enhanced sleep quality, more energy, less physical pain, and increased well-being. They concluded that this study gives support for the use of mindfulness programs in reducing stress-related complaints among some patients with a cancer diagnosis. The implications are the positive experiences of mindfulness training reported by patients with cancer call for further studies examining the possibilities and requirements for implementation of mindfulness programs in clinical practice.

Goldin PR, Gross. JJ. (2010) conducted a study on Mindfulness-based stress reduction (MBSR) as an established program shown to reduce symptoms of stress, anxiety, and depression. 16 patients underwent functional MRI while reacting to negative self-beliefs and while regulating negative emotions using 2 types of attention deployment emotion regulation-breath-focused attention and distraction-focused attention. Post-MBSR, 14 patients completed neuro imaging assessments. Compared with baseline, MBSR completers showed reduction in anxiety and depression symptoms and improved

self-esteem. The results show that these changes might facilitate reduction in SAD-related avoidance behaviors, clinical symptoms, and automatic emotional reactivity to negative self-beliefs in adults with SAD.

Rosenzweig S.et al, (2010) conducted a study to compare changes in bodily pain, health-related quality of life (HRQoL), and psychological symptoms during an eight-week mindfulness-based stress reduction (MBSR) program among groups of participants with different chronic pain conditions. Measures included the Short-Form 36 Health Survey and Symptom Checklist-90-Revised. Paired “t” tests were used to compare pre test-post test changes on outcome measures. They results viewed that outcomes differed in significance and magnitude across common chronic pain conditions. Patients with Fibromyalgia had the smallest reduction in psychological distress. Greater home meditation practice was linked with improvement on several outcome measures, including overall psychological distress, somatization symptoms, and self-rated health, but not pain and other quality of life scales.

Greeson .J M. (2009) conducted a study to evaluate the effectiveness of mindfulness meditation on the mind, the brain, the body, and behavior. A total number of 52 exemplars of empirical and theoretical work were selected for review. The results shows that , cultivating a more mindful way of being is linked with less emotional distress, more positive states of mind, and better quality of life.

Tacón A M, McComb J. (2009) conducted a study to describe the rationale and protocol for a pilot study in women with breast cancer that integrates the two complementary therapies of mindfulness meditation and exercise. The sample of 30 women was selected. Samples underwent mindfulness meditation for a period of 8 weeks

and the results show significant benefit for the participants, the program will be revised as needed for improvement. The findings and a replication study are encouraging, will be the development of a Mindfulness-based Exercise Program Manual for dissemination and use by researchers and clinicians to help empower patients with cancer.

Dobkin PL, Park J. (2009) conducted a study to examine the potential benefits of mindfulness-based stress reduction (MBSR) programs aimed at improving well-being and coping with stress. Empirical investigation indicates that participation in MBSR yields benefits for clinicians in the domains of physical and mental health.

Gross CR, Kreitzer ,M J. et al ,(2009) conducted a study to determine whether training in mindfulness meditation can reduce depression, anxiety, insomnia after transplantation, and summarizes baseline characteristics of the participants. Primary care givers were randomized in equal numbers to one of 3 arms. The results showed that one hundred fifty recipients were randomized and 72% of waitlist participants (31/43) were recycled to an active intervention after 6 months. Client characteristics were balanced across trial arms after initial and secondary randomizations. They concluded that mindfulness meditation helped to reduce anxiety and depression.

Foley E, Baillie. et al, (2008) conducted a study in Australia .The study was conducted to evaluate the effectiveness of Mindfulness based cognitive therapy for care givers of patients with cancer. The sample size was 115 which randomly allocated treatment was conducted at 1 site, by a single therapist and that focused on mindfulness meditation. Participants were assessed before treatment and ten weeks later this second assessment occurred immediately after completion of the program for the treatment condition. The result shows that there were large and significant improvement in (effect

size=0.55), depression (effect size=0.83), anxiety (effect size = 0. 59) as well as a trend for quality of life (effect size= 0.30).

Magi.P. (2004) conducted an experimental study to evaluate the effectiveness of Mindfulness meditation for stress reduction of Border Security Force personnel.³⁰ Border Security Force personnel who met the inclusion & exclusion, were randomly in to two groups (10 in each group).The therapeutic intervention was carried out in 10 sessions for 15 weeks. Pre and post assessment was adopted using Perceived Stress Scale (PSS), Stress Response Checklist (SRC) and psychological well being questionnaire to assess the subjects. The result of the present study reveals that there was statistically significant reduction in stress 32% and improvement in psychological well being.

Reibel .et al, (2004) conducted a study to examine the effectiveness of mindfulness meditation intervention for 10 weeks to lower psychological distress in 140 medical students. Results indicated that total mood disturbance was lower in the mindfulness meditation at the completion of intervention period. Significant effects were also observed on tension, stress, anxiety, confusion, bewilderment, fatigue, and inertia and vigor activity subscales.

Beddoe, Murphy et al, (2004) conducted a study on Mindfulness based stress reduction course among baccalaureate nursing students. A convenience sample of 16 students was given meditation audiotapes at home. Stress and empathy were measured by using Paired “t” test. Participant had significantly reduced anxiety ($p<0.05$). Regular home meditation was correlated with additional benefits like greater wellbeing and improved coping skills. Finding suggests that being mindfulness meditation may also decrease tendencies to take on other negative emotions.

CHAPTER-III

METHODOLOGY

The methodology of research refers to the principle and idea on which researcher base their procedures and strategies (**Immy and Wheeler2002**).

The study is designed to provide mindfulness meditation on anxiety of the primary care givers of terminally ill cancer patients. This chapter includes the research approach, research design, settings, population and sampling, criteria for selection of samples, instruments and tools for data collection.

Research Approach:

The research approach adopted for this study was evaluative approach.

Research Design:

Research design refers to the overall plan for obtaining answers to research questions and it spells out the strategies that the researcher adopts to develop information that is adequate, accurate, objective and interpretable. (**Polit D.F. and Hungler, 1999**).

In view of the nature of the problem and to accomplish the objectives of the study pre experimental design (one group pre test and post test design) was used, to evaluate the effectiveness of mindfulness meditation on level of anxiety.

Pre Experimental Design (one group pretest, posttest design)

$O_1 \quad X \quad O_2$

O_1 = Pretest (Level of Anxiety before Intervention)

X = Intervention (Video Assisted Teaching Programme Regarding
Mindfulness Meditation)

O_2 = Posttest (Level of Anxiety after Intervention)

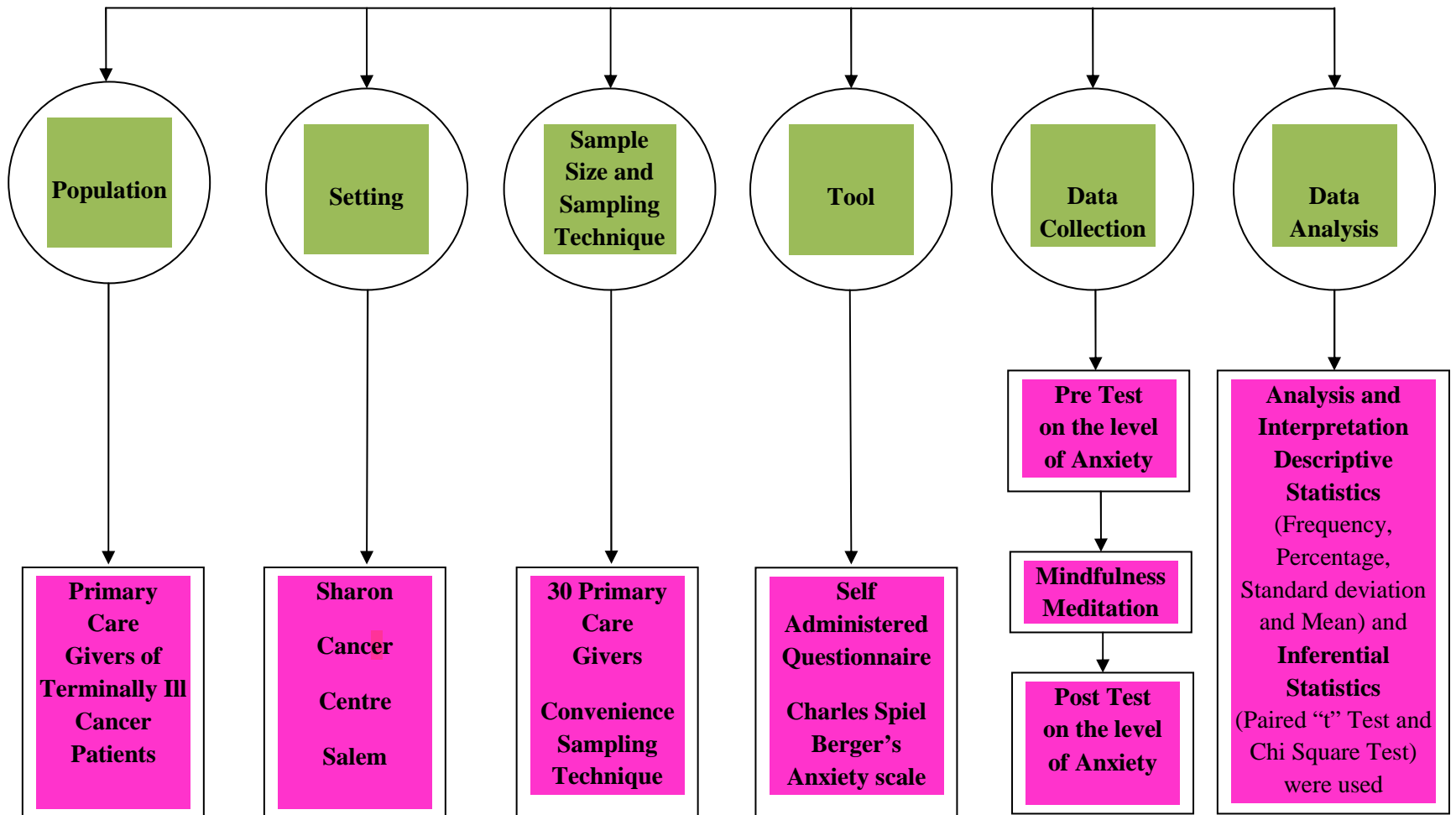


FIG 3.1-SCHEMATIC REPRESENTATION OF RESEARCH METHODOLOGY

Population

A population is a group whose member's possess specific attributes that a researcher is interested in studying (**Talbot, 1994**).

Primary care givers of the terminally ill cancer patients were the population for the study.

Description of Setting

Setting is the physical location and condition in which data collection takes place (**Polit D.F. and Hungler, 2003**).

The study was conducted in Sharon Cancer Centre, Vinayagampatti, Salem. It is a private trust organization located near Korimadu, Salem with total bed strength of 100.

Sampling

Sampling is the process of selecting a portion of population to represent the entire population (**Polit D.F. and Hungler, 1999**).

- **Sample**

A finite subset of the population selected from it with the objective of investigating its properties is called a sample (**Polit D.F. and Hungler, 1992**).

The samples were 30 primary care givers of terminally ill cancer patients in Sharon Cancer Centre, Salem.

- **Sample size**

The sample size was 30. All the samples who fulfill the inclusion criteria were selected.

- **Sampling technique**

Non- probability convenience sampling technique was adopted for selecting sample.

- **Criteria for Sample Selection**

- ◆ **Inclusion criteria**

- ❖ Those who are willing to participate in this study.
 - ❖ Those who know the Tamil/ English language
 - ❖ Those who are age between 25 to 55 years.
 - ❖ The primary care givers without hearing impairment.

- ◆ **Exclusion criteria**

- ❖ Those who are physically ill during data collection period.
 - ❖ Those who already exposed to mindfulness meditation.

Variables

- ❖ Independent variable : Mindfulness meditation
 - ❖ Dependent variable : Level of anxiety in primary care givers of terminally ill cancer patients

Description of the tool

The instrument selected in researcher should be as far as possible the vehicle that obtains the best data for drawing conclusions to the study (**Treece and Treece, 1986**).

It has 2 sections, Section-A and Section- B.

Section-A: Demographic Data of the Samples

This section includes age, sex, education, occupation, religion, economic status and relationship with the patient.

Section-B: Charles Spiels Berger’s Anxiety Scale, to assess the level of anxiety

Scoring procedures

The instrument used for the data collection was standardized anxiety scale which consists of 20 items. The inference was given on the basis of 4 point likert scale as Not at all, Somewhat, Moderately, and Very much. The overall total score was 80. The scoring was given according to the response of the samples.

- Not at all - 1
- Somewhat - 2
- Moderately - 3
- Very much - 4

Reverse scoring was done for the following items 1, 2,6,10,11,19,20. The questionnaire was prepared in English and translated into Tamil. The level of anxiety was categorized as,

- ◆ 00-25% - Mild Anxiety
- ◆ 26-50% - Moderate Anxiety
- ◆ 51-75% - Severe Anxiety
- ◆ Above 75% - Profound Anxiety

Validity and Reliability

Validity refers to whether a measurement instrument accurately measures what it is supposed to measure (**Best and Khan, 1999**).

Validity was ascertained for the demographic profile of the samples in consultation with experts in the field of medicine, and nursing. The experts were

requested to judge the items for relevance, appropriateness and degree of agreement for the study.

Reliability of an instrument is the degree of consistency with it measures the attribute it is supposed to be measuring (**Polit D.F. and Hungler, 1999**).

Test-retest reliability refers to the estimate the stability of a data collection instrument obtained by correlating the scores from successive administrations of the instruments to the same subject (**Burns and Grove, 1997**).

Reliability was checked for the anxiety assessment tool by test-retest method and the obtained value ($r^1=0.09$) indicated that the tool was reliable. Reliability for the anxiety scale was not checked as they were standard inventory scale.

The suggestions of the experts were incorporated into the tool, the tool was modified.

Pilot Study

Pilot study is a smaller version of the proposed study conducted to refine the methodology. It is developed similar to the proposed study, using similar subjects, the same setting, same treatment and same data collection and analysis technique (**Burns Nancy, 1997**).

The pilot study was conducted to find out the feasibility and practicability of the study. It was conducted with a sample size of six for the primary care givers of terminally ill cancer patients in Erode Cancer Institute, Dindal, Erode. The collected data was analyzed using descriptive and inferential statistics the significance of difference between pre and posttest scores was found by paired “t” test, the difference was found very highly significant. The results showed that the mindfulness meditation had an influence on

reducing the level of anxiety in samples. After conducting the pilot study, it was found that the study was feasible and practicable. The questionnaire was relevant and the time and cost for the study was within the limit.

Method of Data Collection

- **Ethical consideration**

Written permission was obtained from the authority of the selected hospitals. Informed consent (oral) was taken from primary care givers prior to the collection.

- **Period of data collection**

The data was collected between 05.07.2010 to 31.07.2010. The investigator obtained prior permission from the Administrative officer of the Sharon Cancer Centre, Vinayagampatti, Salem. Introduction about self was given and the samples were selected by non probability convenience sampling technique, based on the sampling criteria.

Data collection procedure

On the first day pretest was conducted by using Charles Spiels Berger's Anxiety Scale to assess the level of anxiety in primary care givers. The time taken for each sample to complete the tool was 20 to 30 minutes. The samples were asked to choose the correct response from the given options. After the pretest, the samples were demonstrated with video assisted teaching programme regarding mindfulness meditation in a calm and quite environment for 30 minutes per day. The return demonstration was taken up. Every day the samples were instructed to do the technique and record it in the record sheet provided to them. Hand out about the steps of the mindfulness meditation technique was provided to all the samples. The post test was conducted on 15th day evening after the interventions.

Plan for Data Analysis

Data analysis enables the invigilator to organize, evaluate the communicate numerical information. The data analysis was done by using both descriptive and inferential statistics.

- Frequency and percentage distribution of samples according to their demographic variables.
- Frequency and percentage distribution of samples according to their level of anxiety before and after mindfulness meditation.
- Effectiveness of mindfulness mediation on level of anxiety in primary care givers of terminally ill cancer patients.
- Association in the level of anxiety in primary care givers of terminally ill cancer patients with their demographic variables.

Summary

This chapter dealt with research approach, research design, description of settings, variables, population and sampling technique, and sample size, criteria for sample selection, description of tool, validity and reliability, pilot study, presentation and schematic representation of research design.

CHAPTER-IV

DATA ANALYSIS AND INTERPRETATION

Analysis is a process of organizing and synthesizing data in such a way that research questions can be answered and hypotheses can be tested (**Polit.D.F and Hungler, 2001**).

Analysis is the categorizing, ordering, manipulating, and summarizing of data to obtain answers to research question.

This chapter deals with analysis and interpretation of data collected from the 30 primary care givers of terminally ill cancer patients regarding their level of anxiety, keeping in view the objectives of the study.

Descriptive and Inferential statistics were used to analyze the collected data. The demographic variables were coded and analyzed. The data analysis consists of four sections. Both descriptive and inferential statistics were used.

Presentation of Data

Section-A: Frequency and percentage distribution of samples according to their demographic variables.

Section-B: Assessment of the level of anxiety

- Frequency and percentage distribution of samples according to their level of anxiety before mindfulness meditation.
- Frequency and percentage distribution of samples according to their level of anxiety after mindfulness meditation.

Section-C:

- Comparison of level of anxiety in primary care givers of terminally ill cancer patients before and after mindfulness meditation.
- Comparison of mean, standard deviation, and mean difference on level of anxiety in primary care givers after mindfulness meditation.

Section-D: Testing hypotheses

- Effectiveness of mindfulness mediation on level of anxiety in primary care givers of terminally ill cancer patients.
- Association in the level of anxiety in primary care givers of terminally ill cancer patients with their demographic variables.

Section-A
Frequency and Percentage Distribution of Samples According to their
Demographic Variables.

Table 4.1:

Frequency and percentage distribution of samples according to the demographic variables. **n=30**

S.No	Demographic variables	f	%
1.	Age in years		
	a) 25-35	12	40
	b) 36- 45	10	33.33
	c) 46-55	8	26.66
2.	Sex		
	a) Male	15	50
	b) Female	15	50
3.	Educational status		
	a) Below 12 th standard	18	60
	b) Illiterate	12	40
4.	Religion		
	a) Hindu	23	76.66
	b) Muslim	1	3.33
	c) Christian	6	20
5.	Occupation		
	a) Laborer	14	46.66
	b) Private /Govt. employee	16	53.33
6.	Economic status / annum		
	a) Below Rs. 25000	21	70
	b) Rs.26000 to 50000	9	30
7.	Marital status		
	a) Married	29	96.66
	b) Unmarried	1	3.33
8.	Relationship with the patient		
	a) Daughter	4	13.33
	b) Son	7	23.33
	c)Husband	6	20
	d) Wife	8	26.66
	e) Others	5	16.66

The above table 4.1 shows that among 30 samples, 12 (40%) of them were under 25-35 years of age. 15 (50%) of primary care givers were both male and female, 18 (60%) of samples studied up to 12th standard, 23(76.66%) were Hindus, 16(53.33 %) were doing labored work, 21(70%) of primary care givers earning below Rs. 24000/ annually, 29 (96.66%) of primary care givers were married persons,8(26.66%) of primary care givers had wife relationship with the cancer patient.

Section-B

Frequency and Percentage Distribution of Samples according to their Level of Anxiety Before and After Mindfulness Meditation.

Table 4.2:

Frequency and percentage distribution of samples according to their level of anxiety before mindfulness meditation.

n=30

S.No.	Level of anxiety	f	%
1	Mild anxiety	-	-
2	Moderate anxiety	-	-
3	Severe anxiety	28	93.44
4	Profound anxiety	2	6.66

The above table 4.2 represents, in pretest among 30 sample 28 (93.44%) of them had severe anxiety and 2 (6.66%) had profound anxiety level.

Table 4.3:

Frequency and percentage distribution of samples according to their level of anxiety after mindfulness meditation.

n=30

S.No.	Level of anxiety	f	%
1	Mild anxiety	-	-
2	Moderate anxiety	30	100
3	Severe anxiety	-	-
4	Profound anxiety	-	-

The above table 4.3 represents, in posttest among 30 sample 30 (100%) of them had moderate anxiety and none of them had severe profound anxiety.

Section-C:

Comparison of Level of Anxiety in Primary Care Givers of Terminally Ill Cancer Patients Before and After Mindfulness Meditation.

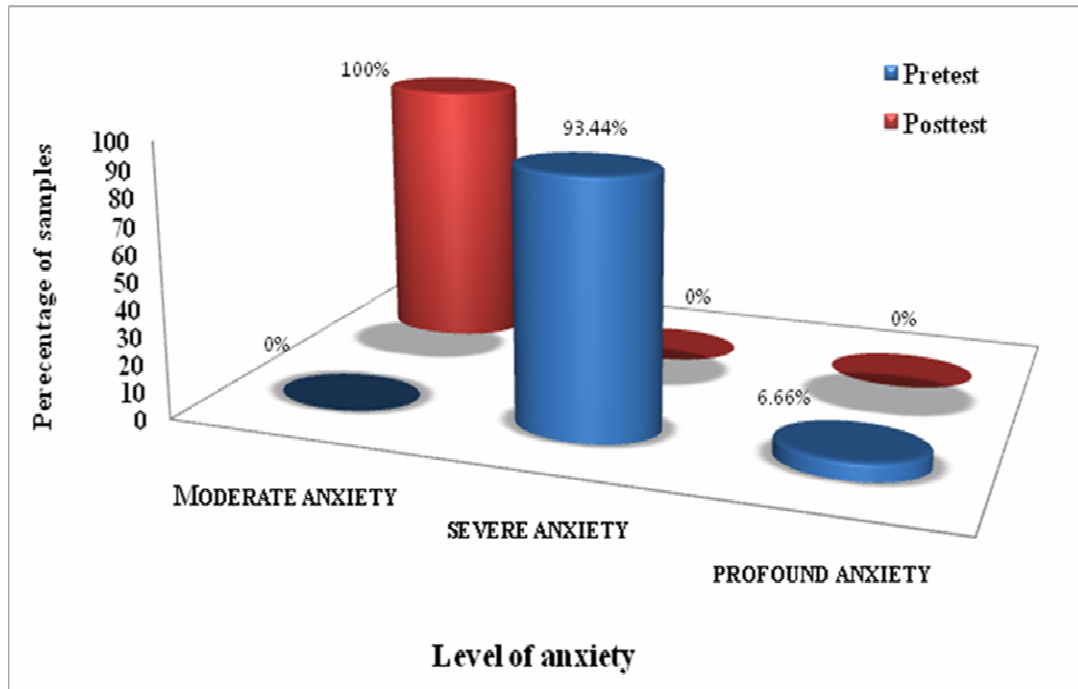


Fig 4.1: Distribution of samples according to their level of anxiety in primary care givers of terminally ill cancer patients.

The above Fig. 4.1 represents, in pretest among 30 sample 28 (93.44%) of them had severe anxiety and 2(6.66%) had profound anxiety. In post test 30(100%) of them had moderate anxiety.

Table 4.4:

Comparison of mean, standard deviation, and mean difference on level of anxiety in primary care givers after mindfulness meditation.

n=30

S. No	Test	Maximum Possible Score	Mean	Standard Deviation	Mean difference
1	Pre test	80	69.57	5.14	32.40
2	Post test		37.97	4.48	

The above table 4.4 shows that the mean was 69.57 (± 5.14) and 37.97 (± 4.48) in pre test and post test respectively, mean difference 32.40.

The difference between Mean and Standard Deviation in pre test and post test shows significant reduction of anxiety after mindfulness meditation.

Section-D

Testing Hypotheses

Effectiveness of Mindfulness Meditation on Level of Anxiety in Primary Care Givers.

Table 4.5:

Comparison of mean, standard deviation and paired “t” value on level of anxiety in primary care givers before and after mindfulness meditation.

n=30

S. No	Test	Maximum Possible Score	Mean	Standard Deviation	paired ‘t’ Test Value
1	Pre test	80	69.57	5.14	26.22 *
2	Post test		37.97	4.48	

Table value $t=1.96$ * Significant at $p < 0.05$ level.

The above table 4.5 shows that the mean was 69.57 (± 5.14) and 37.97 (± 4.48) in pre test and post test respectively. It was statistically highly significant. The obtained paired “t” value ($t=26.22$) shows that mindfulness meditation was effective to reduce the level of anxiety in primary care givers of terminally ill cancer patients. So research hypothesis (H_1) was retained.

Table 4.6:

Association in the level of anxiety in primary care givers of terminally ill cancer patients with their demographic variables.

n=30

S.No	Demographic variables	Level of anxiety		df	Chi-square value	Table Value
		Severe	Profound			
1	Age in years			2	2.17	5.99
	a) 25-35	12	-			
	b) 36- 45	9	1			
	c) 46-55	7	8			
2	Sex			1	2.14	3.82
	a) Male	15	-			
	b) Female	13	2			
3	Educational status			1	0.088	3.82
	a) Below 12 th standard	17	1			
	b) Illiterate	11	1			
4	Religion			2	1.231	5.99
	a) Hindu	22	1			
	b) Muslim	1	-			
	c) Christian	5	1			
5	Occupation			1	0.917	3.82
	a) Laborer	15	1			
	b) Private /Govt. employee	14	-			
6	Economic status / annum			1	3.15	3.82
	a) Below Rs. 25000	19	2			
	b) Rs.26000 to 50000	9	-			
7	Marital status			1	0.0674	3.82
	a) Married	27	2			
	d) Unmarried	1	-			
8.	Relationship with the patient.			4	5.926	9.49
	a) Daughter	4	-			
	b) Son	7	-			
	c)Husband	6	-			
	d) Wife	6	2			
	e) Others	5	-			

The above table 4.6 represents the association in level of anxiety in primary care givers of terminally ill cancer patients with their demographic variables. It is clear from the table that there is no significant association in the level of anxiety in primary care givers of terminally ill cancer patients with their demographic variables like age, sex, education, religion, occupation, economic status, marital status and the type of relationship with patients. So research hypothesis (H_2) was rejected.

Summary

This chapter describes the analysis of data through descriptive and inferential statistics with reference to distribution of primary care givers of terminally cancer patients with their demographic variables, frequency and percentage distribution on level of anxiety, effectiveness of mindfulness meditation on level of anxiety in primary care givers of terminally ill cancer patients.

CHAPTER-V

DISCUSSION

The present study was conducted to evaluate the effectiveness of video assisted teaching programme on mindfulness meditation on level of anxiety in primary care givers of terminally ill cancer patients. Pre experimental design (one group pretest posttest design) with evaluative approach was adopted. The sample was selected by using non probability convenience sampling technique. The sample comprised of 30 primary care givers of terminally ill cancer patients and the data was collected from them with the help of a structured and standardized Charles Spiels Berger's anxiety scale. Mindfulness meditation was demonstrated with the help of Audiovisual Aids.

This pre experimental study was done to determine the effectiveness of mindfulness meditation on level of anxiety in the primary care givers of terminally ill cancer patients.

Demographic Profile of the Samples

The demographic profile reveals that among 30 samples, 12 (40%) of them were under 25-35 years of age. 15 (50%) of primary care givers were both male and female, 18(60%) of samples studied up to 12th standard, 23(76.66%) were Hindus, 16(53.33 %) were doing labored work, 21(70%) of primary care givers earning below Rs. 24000/ annually, 29 (96.66%) of primary care givers were married persons, 8(26.66%) of primary care givers had wife relationship with the cancer patient .

The first objective was to assess the level of anxiety in primary care givers of terminally ill cancer patients.

In the pre test group 93.44% samples reported that severe anxiety and 6.66% samples reported that profound anxiety.

Hence it indicates that anxiety is common among the primary care givers of terminally ill cancer patients.

The second objective was to evaluate the effectiveness of video assisted teaching programme regarding mindfulness meditation on the level of anxiety in primary care givers of terminally ill cancer patients.

The pre test mean score was 69.57 ± 5.14 and the post test mean score was 37.97 ± 4.48 . The obtained paired “t” value ($t=26.22$) at $p<0.05$ level was statistically significant. It represents that mindfulness meditation was effective in reducing the level of anxiety in primary care givers of terminally ill cancer patients. So hypothesis (H_1) was retained.

The findings were supported by **Ando M, Morita T. et. al., (2009)**. He assessed the efficacy of mindfulness based meditation therapy on anxiety, depression among care givers of Japanese patients undergoing anticancer treatment. The results shows that Hospital Anxiety and Depression Scale scores (HADS) significantly decreased from 12 ± 5.3 to 8.6 ± 6.3 ($p=0.004$) after the intervention. The findings indicated that mindfulness based meditation therapy was effective for anxiety and depression in care givers of Japanese cancer patients.

The findings were supported by **Franco Justo C, (2009)** conducted a study on reducing stress and anxiety levels in primary care givers through training and practice of a mindfulness meditation technique. Quasi experimental design was used in University of

Almeria. The sample size was 38 primary care givers. The experimental and control group were formed with 19 participants in each. The experimental group took a psycho educational meditation program for training and practice in mindfulness meditation. The perceived stress scale, the strain questionnaire and the state –traits anxiety questionnaire were used to measure stress and anxiety level. A comparative statistical analysis was performed using the Mana-Whitney non parametric test. The findings show that significant reduction in the primary care givers stress and anxiety variables in the experimental group.

This study finding supports this study that mindfulness meditation is effective method to reduce the level of anxiety in primary care givers.

The third objective was to associate the level of anxiety in primary care givers of terminally ill cancer patients with their demographic variables.

The present study findings reveals that there is no significant association in level of anxiety in primary care givers of terminally ill cancer patients with their demographic variables like age , sex, education, occupation, religion, economic status, marital status and type of relationship with the patient. Hence hypothesis (H₂) is rejected.

Summary

This chapter dealt with discussion of the study with reference to the objective, conceptual frame work, and supportive studies.

CHAPTER-VI

SUMMARY, CONCLUSION, IMPLICATIONS AND RECOMMENDATIONS

Summary

The main focus of the study is to determine the effectiveness of video assisted teaching programme on anxiety in primary care givers of terminally ill cancer patients at Sharon Cancer Centre, Vinayakampatti, Salem. The researcher assessed the level of anxiety through Charles Spiels Berger's anxiety scale

The study was conducted in Sharon Cancer Centre, Salem. The primary care givers were selected based on inclusion criteria. In the present study sample size was 30 and they were selected through non probability convenience sampling. The data collected by using Charles Spiels Berger's anxiety scale to assess level of anxiety in primary care givers of terminally ill cancer patients.

The conceptual frame work for the present study was based on J.W. Kennys Open System Model. A pre experimental study was conducted on 30 primary care givers of terminally ill cancer patients selected by non probability convenience sampling technique.

The data was tabulated by using descriptive and inferential statistics. There was significant difference between pre test and post test on level of anxiety obtained by calculating correlation. Chi- square analysis was done to associate the level of anxiety with their demographic variables. The collected data was analyzed and interpreted in terms of objectives.

Major Findings of the Study

- Among 30 samples, 12 (40%) of them were under 25-35 years of age. 15 (50%) of primary care givers were both male and female, 18(60%) of samples studied up to 12th standard, 23(76.66%) were Hindus, 16(53.33 %) were doing labored work, 21(70%) of primary care givers earning below Rs. 24000/ annually, 29 (96.66%) of primary care givers were married persons,8(26.66%) of primary care givers had wife relationship with the cancer patient .
- The finding reveals that 28 (93.44%) of them had severe anxiety level, 2(6.66%) had profound anxiety level. In post test 30(100%) of them had moderate anxiety level. The mean was 69.57 (+5.14) and 37.97 (+ 4.48) in pre test and post test respectively. It was statistically highly significant. The obtained Paired “t” value (t=26.22) shows that mindfulness meditation was effective to reducing the level of anxiety in primary care givers of terminally ill cancer patients.
- There is no significant association in level of anxiety in primary care givers of terminally ill cancer patients with their demographic variables like age, sex, education, religion, occupation, economic status, marital status and type of relationship with patient.

Conclusion

The present study shows that primary care givers face most of the burden of terminally ill cancer patients. They require some interventions to reduce the level of anxiety. There are so many therapies and one among the therapies is Mindfulness Meditation therapy which is cost effective. So the investigator implemented the

Mindfulness Meditation therapy. It is an effective intervention to reduce the level of anxiety.

Nursing Implications

Nursing is a patient centered profession. The findings of the study have implied in different branches of nursing i.e. nursing service, nursing education, nursing administration, and nursing research.

Nursing practice

- ❖ Nurses must be taught to assess the level of anxiety.
- ❖ Mindfulness meditation can be made as a routine nursing care to the primary care givers of various illnesses.
- ❖ Mindfulness meditation given by the nurses could help the primary care givers to appraise their problem and need, there by reduces fear, stress, and anxiety.
- ❖ With the help of Mindfulness meditation nurses can promote the primary care givers sense of confidence and positive coping in family, community, and social support system.

Nursing education

- ❖ Teach students regarding importance of effectiveness of mindfulness meditation through incorporation of advanced educational technology.
- ❖ Provide exposure to various alternative complementary therapies and expand their career.
- ❖ Arrange for students participation in workshops, which demonstrates the techniques of mindfulness meditation.

- ❖ Nursing educators should make available literature related to mindfulness meditation technique in different aspects of illness in the library for student's references.
- ❖ Mass media can also be used to educate and demonstrate the primary care givers of terminally ill cancer patients to help them to cope with the situation.
- ❖ The nursing councils, boards, and universities members also considered the importance of mindfulness meditation and other alternative complementary therapies.

Nursing administration

- ❖ Provide opportunity for nurses to attend training program on mindfulness meditation periodically.

Nursing research

- ❖ More research can be performed in order to establish the benefits of mindfulness meditation worldwide.
- ❖ The findings can be disseminated through the conferences, seminars, and publication in journal and worldwide.
- ❖ Nurses can also be involved in research activities and implement their findings in their day to day life.
- ❖ Nursing research should be done to find out the various innovative methods to improve the coping strategies and to reduce the level of anxiety in primary care givers of terminally ill cancer patients.
- ❖ The institutional authorities should provide opportunity and necessary support to do research on mindfulness meditation and utilize these findings.

Recommendations

- ❖ Replication of the study could be done with large number of sample to validate and generalize the findings.
- ❖ This study can be carried out on co-morbid anxiety disorder with other mental disorders in the hospital and community setup.
- ❖ The study can be done by increasing the duration, frequency and intensity of mindfulness meditation.
- ❖ A similar study can be conducted with control group in different settings.
- ❖ Comparative study can be done on mindfulness meditation on primary care givers of terminally ill cancer patients and patients with mental illness.
- ❖ The study can be repeated as a longitudinal study.
- ❖ Similar study can be conducted by using various relaxation techniques for reducing anxiety among primary care givers.

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APPENDIX- A

Letter Requesting Permission to Conduct a Research Study



SRI GOKULAM COLLEGE OF NURSING

3/836, Periyakalam, Neikkarapatti, Salem - 636 010.

Phone : 0427 - 6544550 Fax : 0427 - 2270200, 2447077

Email : sgcon2001@yahoo.com, sgcon2001@gmail.com

Date :
03-07-2010

To,

The Administrative Officer,
Sharon Hospital,
Vinayakampatti,
Salem.

Respected Sir,

Sub: Permission to conduct a Research Study request reg.

This is to introduce Mr.Periyasamy (M.Sc.Nursing) student of our college. He is to conduct Research project which is to be submitted to the Tamilnadu Dr.M.G.R.Medical University,Chennai in partial fulfillment of University requirement for the award of M.Sc.(Nursing)Degree.

Topic: A Study to Evaluate the Effectiveness of Video Assisted Teaching Programme Mindfulness on Anxiety among Primary Care Givers of Terminally Ill Cancer Patients at Selected Hospital,Salem.

I request you to kindly permit him to conduct the study in your esteemed Hospital from 05.07.10.to 31.07.10. He will adhere to the Institutional policies and regulations.

Thanking you.

Yours Sincerely,

(Prof. A. Jayasudha)

PRINCIPAL
Sri Gokulam College of Nursing.
3/836, Periyakalam, Neikkarapatti
SALEM - 636 010

Permitted.

Daniel K. MURUGAN, M.A., D.Phil.
Administrative Incharge.
Sharon Cancer Center & General Hospital,
18, Tanmag Road,
Vinayakampatti,
Salem-636 008.

APPENDIX - B

Tools for Data Collection

Instruction: -

CODE NO: -----

The rating scale are used to assess the level of anxiety among primary care givers of terminally ill cancer patients it has 2 section,

Section-A

The interviewer will ask question listed below and place a tick mark (√) against the correct response given by respondent.

The following question call for certain response regarding your background information.

Demographic Variables:-

1. Age in years
 - a) 25 to 35 ☐
 - b) 36 to 45 ☐
 - c) 46 to 55 ☐
2. Sex
 - a) Male ☐
 - b) Female ☐
3. Educational qualification
 - a) Up to 12th standard ☐
 - b) Under graduate ☐
 - c) Post graduate ☐
 - d) Illiterate ☐
4. Religion
 - a) Hindu ☐
 - b) Muslim ☐
 - c) Christian ☐
 - d) Any other ☐

5. Occupation

- a) Skilled worker ☐
- b) Unskilled worker [untrained job] ☐
- c) Unemployed ☐
- d) Retired ☐
- e) House wife ☐

6. Economic status/annum

- a) Below Rs.24, 000/- ☐
- b) Above Rs.24, 000/- ☐

7. Marital status

- a) Married ☐
- b) Widow ☐
- c) Separated/ divorced ☐
- d) Unmarried ☐

7. Relationship with the patient

- a) Daughter ☐
- b) Son ☐
- c) Husband ☐
- d) Wife ☐
- e) Others ☐

Section-B

Charles Spiel Berger's Anxiety Scale

S No	Content	Not At All 1	Some What 2	Moderately So 3	Very Much 4
1	Do you feel calm?				
2	Do you feel secure?				
3	Are you tense?				
4	Do you feel regretful?				
5	Do you feel at ease?				
6	Do you feel upset?				
7	Are you presently worrying other possible misfortunes?				
8	Do you feel satisfied?				
9	Do you feel frightened?				
10	Do you feel comfortable?				
11	Do you feel self confident?				
12	Do you feel nervous?				
13	Are you jittery?				
14	Do you feel indecisive?				
15	Are you relaxed?				
16	Do you feel content?				
17	Are you worried?				
18	Do you feel confused?				
19	Do you feel steady?				
20	Do you pleasant?				

Score interpretation

- ◆ 00-25% - Mild Anxiety
- ◆ 26-50% - Moderate Anxiety
- ◆ 51-75% - Severe Anxiety
- ◆ Above 75% - Profound Anxiety

பிரிவு - அ
தனிநபர் விபரம்

குறிப்பு:

கீழே கொடுக்கப்பட்ட கேள்விகளுக்கு ஆய்வுக்குட்பட்ட நபர் கூறும் சரியான பதிலை ஆய்வாளர் (✓) குறியீடு மூலம் குறிப்பிடுதல்.

எண் :

தேதி :

1. வயது வருடங்களில்

அ) 25 - 35

?

ஆ) 36 - 45

?

இ) 46 - 55

?

2. பாலினம்

அ) ஆண்

?

ஆ) பெண்

?

3. கல்வித்தகுதி

அ) 12ம் வகுப்பிற்கு கீழ்

?

ஆ) இளநிலை பட்டப்படிப்பு

?

ஊ) முதுநிலை பட்டப்படிப்பு

?

எ) படிக்காதவர்

?

4. மதம்

அ) இந்து

?

ஆ) இஸ்லாம்

?

இ) கிறித்துவம்

?

ஈ) மற்றவை

?

5. தொழில்

- அ) கூலி வேலை செய்பவர் ☐
- ஆ) சுயதொழில் செய்பவர் ☐
- இ) அரசு பணியில் உள்ளவர் ☐
- ஈ) ஓய்வு பெற்றவர் ☐
- உ) இல்லதரசி ☐

6. வருட வருமானம்

- அ) ரூ. 25000க்கு கீழ் ☐
- ஆ) ரூ.26000 - 50000 வரை ☐
- இ) ரூ.50000க்கு மேல் ☐

7. திருமணத்தகுதி

- அ) திருமணமானவர் ☐
- ஆ) திருமணமாகாதவர் ☐
- இ) விதவை / திருமணமாகி தனியாக வசிப்பவர் ☐
- ஈ) மற்றவை ☐

8. நோயாளியின் உறவு முறைகள்

- அ) மகள் ☐
- ஆ) மகன் ☐
- இ) கணவர் ☐
- ஈ) மனைவி ☐
- உ) மற்றவர்கள் ☐

பிரிவு - ஆ
சார்லஸ் ஸ்பெல்பர்கர்ஸ் சூழ்நிலையால் ஏற்படும்
மன பதற்றத்தின் மதிப்பீடு பட்டியல்

வ. எண்	பொருள்	இல்லை 1	எப்பொழுதாவது 2	அடிக்கடி 3	எப்பொழுதும் 4
1.	உங்கள் மனம் அமைதியாக இருப்பதாக உணர்கிறீர்களா?				
2.	நீங்கள் பாதுகாப்பாக இருப்பதாக உணர்கிறீர்களா?				
3.	நீங்கள் மன பதட்டமாக இருக்கிறீர்களா?				
4.	நீங்கள் நஷ்டபடுவதாக உணர்கிறீர்களா?				
5.	உங்கள் மனம் துன்பம் படுவது போல் உணர்கிறீர்களா?				
6.	உங்கள் மனம் வருத்தபடுவதைப் போல் உணர்கிறீர்களா?				
7.	பின்னால் வரும் துரதிஷ்டங்களை நினைத்து வருத்தப்பட்டு கொண்டிருக்கிறீர்களா?				
8.	நீங்கள் திருப்தியுடன் இருப்பதாக நினைக்கிறீர்களா?				
9.	நீங்கள் பயப்பட்டு கொண்டு இருப்பதாக நினைக்கிறீர்களா?				

10.	நீங்கள் சௌகரியமாய் இருப்பதாக உணர்கிறீர்களா?				
11.	நீங்கள் தன்னம்பிக்கையுடன் இருக்கிறீர்களா?				
12.	நீங்கள் படபடப்புடன் இருக்கிறீர்களா?				
13.	உங்கள் மனதில் திகைத்தல் போன்ற உணர்வு இருக்கிறதா? நீங்கள் நடுங்குகிறீர்களா?				
14.	உங்களால் தீர்வு காண முடியவில்லை என்று நினைக்கிறீர்களா?				
15.	நீங்கள் ஓய்வுடன் இருப்பதாக உணர்கிறீர்களா?				
16.	நீங்கள் திருப்தியாக இருப்பதாக நினைக்கிறீர்களா?				
17.	உங்கள் மனதில் கவலை உள்ளதா? நீங்கள் கவலைப்பட்டு கொண்டு இருக்கிறீர்களா?				
18.	நீங்கள் மனகுழப்பத்தில் இருக்கிறீர்களா?				
19.	உங்கள் மனம் உறுதியாக உள்ளதா?				
20.	உங்கள் மனம் எப்பொழுது சந்தோஷமாய் இருக்கிறதா?				

MINDFULNESS MEDITATION THERAPY

Meditation or right mindfulness is presented a critical element in the eight paths leading to the ultimate spiritual goal of enlightenment. The process of meditation can lead to both the alleviation of addition and the development of spiritual growth toward eventual enlightenment.

Definition

It is awareness without judgment of what, via direct and immediate experience. It is a practice of concentrated focus upon a sound, object, visualization, the breath, movement, or attention itself in order to increase awareness of the present movement, reduce stress, promote relaxation, and enhance personal and spiritual growth.

Purposes

- All humanity to have greater wisdom and happiness leading to world peace.
- Aims to encourage social members to develop consciousness and concentration which leads to improved wisdom.
- Mindfulness engenders faith in the perfection of the moment, and allows each new experience to be felt fully, without the reactive, self- critical, controlling mind.

Types of mindfulness meditation

- Body mindfulness
- Feeling mindfulness
- Consciousness mindfulness
- Phenomena mindfulness

Techniques

“Sit relax the body, relax the mind. Be as still as possible”.

✱ **Body posture**

- Sit comfortably, with the spine upright and supported and the head balanced naturally, looking forward with eyes close gently
- The body must become still and remain still for a period of time for the mind to start to calm down and deeper states of awareness to be experienced.

✱ **Thoughts**

- Do not attempt to control your thoughts
- Observe the breath with passive awareness
- Observe the thoughts, feelings, and sensations with compassion and tolerance
Don't engage your thoughts by judging

✱ **Breathing**

- It is a central key to any mindfulness meditation technique
- Let the breath be natural and gentle
- Breathe through the nose, letting the belly rise as you inhale and fall as you exhale
- Soften belly
- Let the chest rise last, filling up from the belly first, like a vessel filling with water
- The breath can undo this tension and restore balance and peace to the mind
- Experiment twice a day

Steps

1. Get into a comfortable posture
2. Focus our eyes
3. Pay attention to your breathing
4. Place your hand in a relaxing and emerging (hand position)
5. Be aware
6. Slowly comeback into ordinary consciousness

Benefits

- ◆ Coping response
- ◆ Commitment
- ◆ Exposure
- ◆ Providing an environment in which weak stimuli
- ◆ Relaxation

Rules and regulations

- Wear own clothing
- No reading, writing, only watching TV and listening to audio tape
- Not washing cloth, sweeping, or house work
- No smoking or drinking
- Not going out of the place until after the sessions has ended
- No speaking and disturbing others
- Obeying the instructor

APPENDIX – C

Letter Requesting Opinion and Suggestions of Experts for Content Validity of the Research Tools

From

Mr. Periyasamy.C,
Final Year M.Sc., (N),
Sri Gokulam College of Nursing,
Salem, Tamil Nadu.

To

Respected Sir/ Madam,

**Sub: Requesting opinion and suggestions of experts for establishing
content validity of the tools.**

I, Mr. Periyasamy.C, Final Year M.Sc., (Nursing) student of Sri Gokulam College of Nursing, Salem, in partial fulfillment of Master's Degree in Nursing, have selected the topic mentioned below for the research project to be submitted to The Tamil Nadu Dr. M.G.R. Medical University, Chennai.

Topic: “A Study to Evaluate The Effectiveness of Video Assisted Teaching Programme Regarding Mindfulness Meditation on Anxiety in Primary Care Givers of Terminally Ill Cancer Patients at Selected Cancer Centre, Salem.”

I request you to kindly validate the tool and content and give your expert opinion for necessary modification. I will be grateful to you for this.

Thanking you.

Place : Salem

Yours' sincerely,

Date :

(Periyasamy.C)

Enclosed:

1. Certificate of validation
2. Criteria checklist of evaluation of tool and content
3. Tool for collection of data
4. Content of oral sucrose on pain

APPENDIX – D

Certificate of Validation

This is to certify that the tool developed by **Mr. PERIYASAMY.C**, Final Year M.Sc., (N) Student, Sri Gokulam College of Nursing, Salem, (Affiliated to the Dr. M.G.R. Medical University, Chennai.) is validated and can proceed with this tool and conduct the main study for dissertation entitled **“A Study to Evaluate The Effectiveness of Video Assisted Teaching Programme Regarding Mindfulness Meditation on Anxiety in Primary Care Givers of Terminally Ill Cancer Patients at Selected Cancer Centre, Salem.”**

Place :

Signature of the Expert

Date :

Name and designation

APPENDIX - E

List of Experts Validated Tool

- 1. Dr. C. Baskar, M.D.,**
Consultant Psychiatrist,
Sri Gokulam Hospital,
Salem.
- 2. Dr. Saravanan, M.S.,**
Consultant Physician
Sharon Cancer Hospital,
Salem.
- 3. Dr.S.Sidhar,B.S.M.S., M.Sc., Ph.D., (Siddha),**
Regd. Medical Practitioner,
Reg.No:TN/GOVT./26149,
3/33, Iyer Line,
Salem.
- 4. Mrs.Lalitha, M.Sc(N).,**
Professor,
Head of the Department,
Mental Health Nursing,
Sri Gokulam College of Nursing,
Salem.
- 5. Mrs. Meera Saravanan,M.Sc(N).,**
Associate Professor,
Head of the Department,
Mental Health Nursing,
PSG College of Nursing,
Coimbatore.

- 6. Mrs. Vanitha, M.Sc(N).,**
Associate Professor,
Mental Health Nursing,
Sri Ramakrishana Institute of Paramedical Sciences,
Coimbatore.
- 7. Mrs. Shri Shyla, M.Sc(N).,**
Lecturer,
Mental Health Nursing,
Adichunchanagiri College of Nursing,
Mandya,
Karnataka.
- 8. Prof. K.G.Vijaya Kumar, M.Sc(N).,**
Principal,
Adichunchanagiri College of Nursing,
Mandya,
Karnataka.
- 9. Mr. Chandrasekar.H.C., M.Sc(N).,**
Associate Professor,
Community Health Nursing Department,
Adichunchanagiri College of Nursing,
Mandya,
Karnataka.
- 10. Mrs. Chitra, M.Sc(N).,**
Associate Professor
Medical Surgical Nursing Department
Bangalore City College of Nursing,
Kaddusonappahalli Cross
Henur Baglur Main Road,
Bangalore.

APPENDIX – F



SRI ASHRAM

SRI ASHRAM SIDDHA YOGA RESEARCH INSTITUTE

Affiliated to Tamilnadu Physical Education and Sports University, Chennai.
Approved by Manonmaniam Sundaranar University, Tirunelveli.

Date: 31.05.10

CERTIFICATE OF TRAINING

TO WHOMSOEVER IT MAY CONCERN

I hereby certify that Mr. Periyasamy.C, M.Sc (N) Final year student has underwent training on Mindfulness meditation for the period 01.05.2010 to 31.05.2010

Signature of managing director
Dr. S. SRIDHAR, B.S.M.S., M.Sc., Ph.D (Siddha),
Regd. Medical Practitioner
Reg. No : TN / GOVT. / 26149
3/33, Iyer Line, SALEM-636 004.

Sri Ashram Siddha Yoga Research & Charity Trust

• Registered by Govt. of TamilNadu (Reg. No. 29/02)
3/33, Iyerline, Swarnapuri, Salem - 636 004. ☎ : 0427-2446647
Managing Trustee : **Dr. S. Sridhar**, B.S.M.S., M.Sc., Ph.D., (Siddha Medicine)
e-mail: dr_ssridhar@yahoo.co.in

APPENDIX – G

Certificate for Editing

This is to certify that the dissertation developed by **Mr.C.PERIYASAMY**, Final Year M.Sc., Nursing student of Sri Gokulam College of Nursing, Salem (affiliated to Dr.M.G.R. Medical University, Chennai.) is edited and correction given for the menu script entitled **“A Study to Evaluate the Effectiveness of Video Assisted Teaching Programme Regarding Mindfulness Meditation on Anxiety in Primary Care Givers of Terminally Ill Cancer Patients at Selected Cancer Centre, Salem”**.

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Signature with Date

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APPENDIX – H

Photos



